

United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

A	P	E	X	P	L	A	T	I	N	G	&	P	O	L	I	S	H	I	N	G	C	O	.	I	N	C
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Street or P.O. Box

[illegible]

Street or Route Number

[illegible]

Name and Title (last, first, and job title)

C	B	R	U	H	N	S	G	A	R	Y	P	R	E	S.	2	0	1	8	6	2	3	2	2	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---

A. Name of Installation's Legal Owner

C	G	A	R	Y	B	R	U	H	N	S	R	O	B	T	M	O	O	R	E	P
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

B. Used Oil Fuel Activities

☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (*complete item C*)

ID — For Official Use Only														
C													T/A	C
W														1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 6					
7	8	9	10	11	12
F 0 1 9					

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

W. Gary Bruhns

Name and Official Title (type or print)

W. Gary Bruhns Pres.

Date Signed

2/20/86

ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y.

1986 FEB 25 PM 3:50

ENVIRONMENTAL PROTECTION AGENCY
NEW YORK, N.Y.

725 COMMERCE ROAD
LINDEN, N.J. 07036
P.O. BOX 525
201-862-3223



FOR METAL FINISHING AT ITS BEST

Per.	Rev.	Pure	Silver	Plating	•	Industrial	Finishing	of	Rhodium	•	Gold	•	Silver	•	Nickel	•	Dull & Bright	•	Cadmium	•
Copper	•	Zinc	•	Tin	•	Chromium	•	Electroless	Nickel	•	Iridizing	•	Anodizing	•	TY-2	•	Polishing			


Feb. 21, 1986

Permits Administration Branch
USEPA Region II
26 Federal Plaza, Room 432
New York, New York 10278

Dear Sirs:

The purpose of this notification is to advise you of our change in location. Our old I.D. Number was NJD 002183994.

Very Truly Yours,


W. Gary Bruhns
President

gg/WGB

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-029

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: APEX PLATING & POLISHING CO., Inc

FILE NUMBER: new

VHT FACILITY FILE NUMBER: _____

PERMIT #: _____

REGION: M

INSPECTION DATE: 3-13-90

INCIDENT/CASE NUMBER: _____

INSPECTION TYPE: RCRA - GEN/LB

RESPONSIBLE AGENCY CODE: S

INSPECTOR'S NAME: Stephan Szardenings

INSPECTOR'S AGENCY: DHWM

INSPECTOR'S BUREAU: MFO

EPA ID NUMBER: NTD981184591

ADDRESS: 725 COMMERCE RD.
LINDEN, N.J. 07036

LOT: 26 BLOCK: 439

COUNTY: UNION

FACILITY PERSONNEL: W. GARY BRUHNS
PRESIDENT

TELEPHONE #: (201) 862-3223

OTHER STATE/EPA PERSONNEL: _____

REPORT PREPARED BY: Stephan Szardenings

REVIEWED BY: AST

DATE OF REVIEW: 4/16/90

APR 05 1990

TIME IN: 09:50

TIME OUT: 13:45

PHOTOS TAKEN ☐ YES ☒ NO

IF YES, HOW MANY? _____

SAMPLE TAKEN ☐ YES ☒ NO

NO. OF SAMPLES _____

NJDEP SAMPLE ID#: _____

MANIFESTS REVIEWED ☒ YES ☐ NO

Number of manifests in compliance 5

Number of manifests not in compliance 3

List manifest document numbers of those manifests not in compliance.

NJA 0407340

NJA 0468808

NJA 0525882

On 3/13/90 I conducted a RCRA inspection at the Apex Plating & Polishing Co., Inc. (APP) in Linden, N.J.. The facility representative was Mr. W. Gary Bruhms, president of APP.

APP performs contract electrode plating on location. They perform no manufacturing on location. They receive parts from customers and apply various finishes according to customer specifications. These coatings would include Nickel, Silver, Gold, Cadmium, Zinc, Copper, Tin, and a oxide coating.

APP produces only one hazardous waste stream. This is an F006 waste that is a sludge produced from their on site waste washwater treatment unit.

The APP facility is comprised of one building. The front houses office and storage space, while the rear of the building houses the pre-plating and plating operations. APP starts their operation by accepting parts from their customers, with instructions to which plating they require. All of these parts are comprised from 1 of 3 base metals. These are steel, aluminum, and brass. These are all then segregated by metal type.

APP then performs a pre-plating operation based on the base metal the part is comprised of (means there are 3 pre-plating lines). This pre-plating is done to degrease, and prepare the metal for the plating process performed on them later. All 3 of these lines are started off with a bath of an alkaline material (caustic soda). This alkaline material acts as the degreasing agent. The remaining steps are as follows:

PRE-PLATING ALUMINUM : alkaline edge (caustic soap) -> water rinse -> acid deoxidizer -> aluminum/zinc immersion.

PRE-PLATING BRASS : water rinse -> sulfuric acid (5-10% neutral) apply current to enhance the cleaning process -> flouroboric solution -> phosphoric acid (sealing solution - removes heavy oxides from the metal)

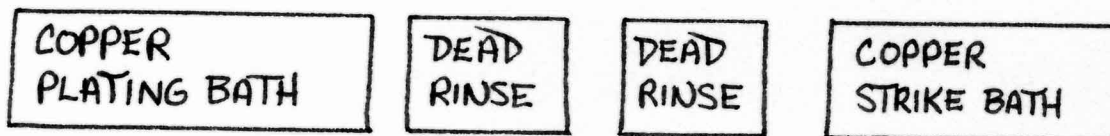
PRE-PLATING STEEL : deoxydizer (alkaline solution & Na cyanide) -> water rinse. If steel has welding scale, parts are placed into a HCl acid rinse after going through the cleaner.

In all of these pre-plating lines, the parts are submerged in the water rinse tanks after being immersed in every bath in the line. All of these tanks are 2 staged, and are constantly

filled at the controlled rate of 1/2 - 1 gallon a minute. The overflow water is then directed to APP's waste water treatment plant. By controlling the amount of water into these rinse tanks, APP has reduced the amount of waste they discharge daily by more than 1/2.

After the parts have been pre-plated, they are then ready to be plated to the customers specific order. Except for their Silver and Copper plating operations, APP uses their other plating lines only on an "as needed" basis. During my inspection they had the silver, copper, nickel, chromium, and oxide lines in operation.

Their copper plating is performed both in a copper strike (low in copper), and in a general copper plating operation (8 oz.). APP has saved great amounts of water by using a dead rinse system.



The copper baths are heated, and at the end of the day, the rinse baths are used to supplement the plating baths back up to the proper water and copper levels. The rinse tanks are then filled with fresh water to await the next days work. All excess water is diverted to APP's waste waster treatment system. Also, if needed, the copper baths are adjusted if the copper levels are too low. These copper baths also use cyanides in their operations - copper & potassium cyanides in a water solution.

Their silver plating is very similar to the copper plating, in that they use a dead rinse system. These silver baths aren't heated, so there isn't as much evaporative loss in the baths. APP will also supplement the baths with the rinse water when ever it is possible. When APP has excess rinse water, before they send the water to the treatment unit, they will use several 5 gallon cathode recovery machines to draw the silver out. The silver is then added to the baths and the water goes to be treated. APP rinses all of their silver parts with a hand sprayer, and does not fill it with a running water line at the end of the day.

The nickel operation is exactly like the copper operation, except that nickel plating solution is used. With the chromium line, the parts are again cleaned with the caustic soda solution, and then are placed in a cadmium immersion solution for a few minutes, rinsed with water, and then repeat the cycle. This line used a running rinse tank. The oxidizing line involves placing an aluminum oxide surface on aluminum metal. APP accomplishes this by placing the parts in a 15% Sulfuric Acid / Water solution. Both the cadmium and oxide baths are heated, and have the appropriate venting systems in place.

All parts, before going to polished (with wool polishing pads), go through a final running hot water rinse, and are air dried. It should also be noted that all parts are passed from one bath to the next manually, APP does not utilize a mechanized system.

The overflow from the rinse tanks, all other excess rinsewaters, and any spilled materials (caught in spill drains) proceed to the sump pump station. This sump pump is responsible for supplying APP's waste water treatment system.

The water first enters a 700 gallon tank that is divided into 3 separate compartments. This tank is used to initially perform a pH adjustment on the water. Compartment #1 is nothing more than a holding tank. The water is then drawn into compartment #2. This compartment houses an electronic pH sensor, and based on the waters pH, it directs either caustic soda or sulfuric acid to be pumped into the compartment. These adjustment chemicals are stored just outside of the treatment room. Compartment #3 is a retention compartment. The pH of the water is @8 at this time. The water is then pumped into the Cyanide destruct section of APP's treatment system.

The water first enters the left tank to undergo further pH adjustment. This is done by reacting the water with Hyperchlorite to bring the pH to 9.3. The water is then pumped into a small reactor where peroxide is added to oxidize any cyanides found. From here the water is pumped into the right tank, which is also used for retention purposes. The water is then

pumped into a vertical settling tank, that uses a Gortex filter to retain the solids, while letting the water flow into the industrial sewer system. APP is permitted through the Linden Roselle Sewage Authority who conduct a quarterly test of their discharge water to ascertain compliance (APP also performs their own semi-annual testing of their waste). When the Gortex filter has reached it's saturation point, the settling tank is back pulsed. All of the solids and water found are removed from the filter and are directed & caught in an open topped 55 gallon plastic drum. From this drum, they then pump this solution into a 55 gallon drum (that is laying horizontally) which contains several filter rods that pertrude through the lid. These filter rods retain the solids in the drum, while allowing the water to escape. This water is collected in a five gallon pail and in dumped into the sewer system when full. It takes @ 3-5 days for the contents of one plastic drum to be filtered through. It takes 5 of the plastic drums to fill the horizontal drum full of the sludge material. When full, they tilt it upright, remove the lid (with the filter rods), seal it with a regular lid, and move it to their storage area (located next to the filter station). APP is currently experimenting with a filter press to reduce the amount of time it takes to separate out the water and solids. They hope to have a full size system in operation before the end of the year. APP produces @ 6 drums of an F006 waste every 90 days.

APP has no UST on site (heated by natural gas), APP has all of the appropriate air permits for their plating operations, and they have an industrial sewer permit from the Linden Roselle Sewage Authority.

A manifest review was performed and APP was found to be in violation on 3 of their manifests. Manifests NJA0407340, NJA0468808, and NJA0525882 failed to provide the proper waste identification number. Cited 7:26-7.4(a)4vii. APP sent their waste offsite as a D006 waste, when it should have been F006.

A regular documentation review was performed and APP was found to be in good order except for the few violations found. APP was cited for failure to maintain adequate personnel documents and records (9.4(g) et.seq.); failure for contingency plan to list emergency equipment, it's location, description, and capabilities (9.7(g)); failure to notify hospitals with the properties of hazardous waste handled on site (9.6(f)4); failure to perform semi annual drills (9.4(g)8 et.seq.); failure to describe arrangements with the emergency contractor (9.7(e)); and failure to submit contingency plan to the local authorities (9.7(i)2).

A facility tour found general housekeeping to be a bit on the sloppy side, but APP was in compliance with all regulations, except for the ones cited for APP's improper storage of their hazardous waste. These were failure to have containers arranged so that the identification label is visible (9.4(d)4v); failure to inspect hazardous waste storage area daily (9.4(d)5); and failure to have containers properly secured (9.4(d)4i). For this violation, APP stated that they did not close the containers because once the solids have settled to the bottom of the drums, more excess water is found floating on top. APP skims off this water and adds more sludge in it's place.

Referral to the USEPA is indeed necessary because A) they produce a land disposal restricted waste, B) they failed to submit a land ban notice with 4 of their manifests. These manifests were NJA0387391, NJA0525882, MI01396942, and MI1802272, and C) because they failed to indicate that they were shipping a land disposal restricted waste on their manifests (failed to have the correct waste identification number). These manifests are NJA0407340, NJA0468808, and NJA0525882.

-B-

Describe the activities that result in the generation of hazardous waste.

→ SEE NARRATIVE ←

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

2 - 55 gallon drums F006 waste - sludge from
cyanide destruct operations performed on wastewater
coming from electroplating rinse tanks.
(waste is a non-wastewater). J

GENERAL

GENERAL CHECKLIST

		YES	NO	N/A
7:26-7.4(a)1	Does the Generator have an EPA ID number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAZARDOUS WASTE DETERMINATION

7:26-8.5(a)	Did the generator test its waste to determine whether it is hazardous?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-8.5(b)	Did the generator determine the hazardous characteristics based upon knowledge of process?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the waste hazardous?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-8.5(d)	Were test results, waste analysis, or other determinations made in accordance with this section kept for three years from the date that the waste was last sent to an on-site or off-site TSF?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE BY ENVIRONMENTAL CONSULTANTS - KRAMER ENVIRONMENTAL

MANIFESTS

7:26-7.4(a)4	Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4i	The generator's name, address and phone number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4ii	The generator's EPA ID number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4iii	The hauler(s) name, address phone number and NJ registration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4iv	The hauler(s) EPA ID number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4vi	The TSF's EPA ID number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4vii	The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4viii	Special handling instructions and any other information required on the form to be shipped by generator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
7:26-7.4(3)	Did the generator describe all N.O.S. wastes in Section J?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)1x	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5i	Sign the manifest certification by hand?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iv	Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.26-7.4(f)	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)1	If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.4(h)2	Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☒ Containers
☐ Tanks (greater than 90 days)
 (complete HWMF (TSD) Facility Checklist)
☐ Tanks (less than 90 days)
☐ Above ground
☐ Below ground
☐ Surface impoundments
 (complete HWMF (TSD) Facility Checklist)
☐ Piles (complete HWMF checklist)

7:26-9.3(a)1

Is waste accumulated for more than
90 days?YES NO N/A
 — ✓ —

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSF) CHECKLIST IS
FILLED OUT.

Short term accumulation standards for generators who accumulate waste in containers and tanks for 90 days or less:

<u>Containers</u>		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4	What type of containers are used for storage. Describe size, type, quantity, and nature of waste (e.g. 12 fifty-five gallon drums of waste acetone).			
	<i>2-55 gallon drums of F006 waste.</i>			
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If no, describe the problem (include number of containers involved.)			
7:26-9.4(d)41	Are all containers securely closed except those in use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)4111	Do the containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing and/or leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)41v	Are containerized hazardous wastes segregated in storage by waste type?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>ONLY ONE WASTE TYPE.</i>			
7:26-9.4(d)4v	Is every container arranged so that its identification label is visible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)5	Is the container storage area inspected at least daily?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(d)6	Are containers holding ignitable and reactive wastes located at least 50 (fifty) feet (15 meters) from the facilities property line?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.2(a)	Did the owner/operator conspicuously label appropriate manifest number on all hazardous waste containers that are intended for shipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.3(a)3	Is each container clearly dated with each period of accumulation so as to be visible for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
7:26-7.2(b) Did the owner/operator insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations? (49CFR 171, 179)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Tanks (Less than 90 day storage)</u>			
7:26-9.3(b) Does the generator accumulate hazardous waste on-site in an above ground tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe the tank(s):			
1) Capacity			
2) Shell thickness			
3) Material Construction			
4) Age of tank			
7:26-9.3(b) Does the generator have written approval from the Department to store hazardous waste(s) in this tank(s) for ninety days or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.3(b)1 Does each tank(s) have sufficient shell thickness to ensure the tank will not collapse or rupture as specified by the Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.3(b)4 Is the tank(s) designed so that at least 99% of the volume of each of the tanks can be emptied by direct pumping or drainage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.3(b)5 Is each tank(s) rendered empty (1% or less remaining) every 90 days or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.3(b)6 Are all wastes removed from the tank(s) shipped off-site to an authorized facility or placed in an on-site, authorized facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.3(b)8 If part of the tank is below grade, is it constructed to allow visual inspection of the tank, comparable to a totally above-ground tank and is secondary containment provided for the below grade part?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-10.5(c)1 Are materials which are incompatible with the material of construction of the tank(s) placed in the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-10.5(c)2 Does the generator use appropriate controls and practices to prevent overfilling?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-10.5(c)2ii	For uncovered tanks, is there sufficient (two feet or acceptable documentation) freeboard to prevent overtopping by wave or wind action by or precipitation?	—	—	✓
7:26-9.3(b)3	Does each tank(s) or storage tank area have secondary containment?	—	—	—
7:26-10.5(d)1	Is the containment system capable of collecting and holding spills, leaks, and precipitation?	—	—	—
7:26-10.5(d)1i	Is the base underlying the tank(s) free from cracks, gaps, and sufficiently impervious to contain leaks, spills, and accumulated rainfall until the collected material is detected and removed?	—	—	—
7:26-10.5(d)1i	Does the containment system consist of material compatible with the wastes being stored?	—	—	—
7:26-10.5(d)1ii	Is the containment system sloped or otherwise designed to efficiently drain and remove liquids resulting from leaks, spills and precipitation?	—	—	—
7:26-10.5(d)1ii	Is the tank protected from contact with accumulated liquids?	—	—	—
7:26-10.5(d)iv	Does the containment system have sufficient capacity to contain ten percent of the volume of all tanks or the volume of the largest tanks whichever is greater?	—	—	—
7:26-10.5(d)2	Is run-on into the containment area prevented?	—	—	—
	If not, explain.	—	—	—
7:26-10.5(d)3	Is precipitation removed from the pump or collection area in a timely manner to prevent blockage or overflow of the collection system?	—	—	—
7:26-10.5(d)4	Is spilled or leaked waste removed from the pump or collection area daily?	—	—	—

YES NO N/A

7:26-10.5(d)41

If the collected material is hazardous waste under NJAC 7:26-8, it is managed as a hazardous waste in accordance with all applicable requirements of this chapter?

— — ✓

7:26-9.4(g)4

Personnel Training

Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility?

✓ — —

7:26-9.4(g)5

Has facility personnel taken part in an annual review of initial training?

✓ — —

7:26-9.4(g)2

Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan to implementation) relevant to the positions in which they are employed?

BOB DONNELLY - SYSTEM PRODUCTION MANAGER.
Is there written documentation of the following:

7:26-9.4(g)61

Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?

— ✓ —

7:26-9.4(g)611

A written job description for each position related to hazardous waste management?

— ✓ —

7:26-9.4(g)6111

A written job description on the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management?

— ✓ —

7:26-9.4(g)61v

Documentation of actual training or experience received by personnel?

✓ — —

7:26-9.4(g)7

Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?

✓ — —

YES NO N/A

7:26-9.6

Preparedness and prevention

Does the facility comply with preparedness and prevention requirements including maintaining:

7:26-96(b)1

An internal communications or alarm system?

✓

— —

7:26-9.6(b)2

A telephone or other device to summon emergency assistance from local authorities?

✓

— —

7:26-9.6(b)3

Portable fire equipment, spill control equipment, and decontamination equipment?

✓

— —

7:26-9.6(b)4

Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray system?

✓

— —

7:26-9.6(c)

Is equipment tested and maintained?

✓

— —

7:26-9.6(d)1

Is there immediate access to communications or alarm systems during systems during handling of hazardous waste?

✓

— —

7:26-9.6(e)

Adequate aisle space (18") to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?

✓

— —

If no, please explain.

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

✓

— —

Explain.

7:26-9.6(f)

Has the facility made the following arrangements, as appropriate for the type waste handled on site:

— — —

7:26-9.6(f)1

Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled - associated hazardous places where facility personnel would normally be working, entrances and roads inside facility and possible evacuation routes.

✓

— —

YES NO N/A

7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	—	—	✓
7:26-9.6(f)3	LINDEN P.D. & F.D. Agreements with emergency response contractors, and equipment supplies?	✓	—	—
7:26-9.6(f)4	KRAMER ENVIRONMENTAL. Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosion, or discharges at the facility?	—	✓	—
7:26-9.6(f)5	Arrangement with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?	✓	—	—
7:26-9.6(f)6	If authorities identified in (f)1 through 5, above decline to enter into such arrangements, has the owner, or operator documented this refusal in the operating record.	—	—	✓
7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7.26-9.7?	—	✓	—
7:26-9.4(g)81	If no, did the owner or operator petition the Department for an exemption from the semi annual drills requirement?	—	✓	—
7:26-9.4(g)811	Did the owner or operator petition the Department for an exemption excluding some or all local officials in the semi annual drill requirements?	—	✓	—
	If yes, did the owner operator provide those specific local officials with written approval of the exemption?	—	—	—

YES NO N/A

7:26-9.7

Contingency Plan and Emergency Procedures

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents into air, soil or surface water?

✓
_ _ _

7:26-9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

_ _ _ ✓

7:26-9.7(c)

Does the contingency plan describes the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

✓
_ _ _

7:26-9.7(d)

Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq.

_ _ _ ✓

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?

_ _ _ ✓

7:26-9.7(e)

Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?

_ _ _ ✓

YES NO N/A

7:26-9.7(f)

Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates?

☒ _ _ _

7:26-9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external) and decontamination equipment), where this equipment is required? Is the list up-to-date? In addition, does the plan include the location and physical description of each item on the list, and a brief outline of its capabilities?

☒ _ _ _

7:26-9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in case where the primary routed could be blocked by releases of hazardous waste or fires)?

☒ _ _ _

7:26-9.7(i)

Is a copy of the contingency plan and all revisions to the plan:

1. Maintained at the facility;
2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)?

☒ _ _ _☒ _ _ _

7:26-9.7(k)

Is there an employee on site or on call at all times with the responsibility of coordinating, all emergency response measures?

☒ _ _ _

APPENDIX A

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
carbon tetrachloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorinated fluorocarbons	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichlorofluoromethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2-trichloro-1,2,2-trifluoroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ortho-dichlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
acetone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl acetate	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl benzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl ether	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methyl isobutyl ketone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
n-butyl alcohol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
cyclohexanone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methanol 1 gallon	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the F003 waste stream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic?

☐ Yes ☒ No

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid
nitrobenzene

___ Yes ☒ No
___ Yes ☒ No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene
methyl ethyl ketone
carbon disulfide
isobutanol
pyridine

___ Yes ☒ No
___ Yes ☒ No
___ Yes ☒ No
___ Yes ☒ No
___ Yes ☒ No

6. Are any of the constituents listed in questions 1 through 5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

- (a) Are the constituents used as chemical carriers?

___ Yes ☒ No

If yes, list the constituents.

- (b) Are the constituents used for degreasing/cleaning?

☒ Yes ☐ No

If yes, list the constituents.

Methanol used to take off tape found on some of the parts received from customer.

- (c) Are the constituents used as diluents?

___ Yes ☒ No

If yes, list the constituents.

- (d) Are the constituents used as extractants?

___ Yes ☒ No

If yes, list the constituents.

(c) Are the constituents used for fabric scouring?

___ Yes ☒ No

If yes, list the constituents.

(f) Are the constituents used as reaction and synthesis media?

___ Yes ☒ No

If yes, list the constituents.

If the responses to questions 1 through 6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? (A solvent is considered "spent" when it has been used and is no longer usable without being regenerated, reclaimed, or otherwise reprocessed.)

___ Yes ☒ No

8. If the waste is a mixture of constituents as determined in questions 1 through 6, give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5%	methylene chloride
2%	trichloroethylene
25%	1,1,1-trichloroethane
<u>68%</u>	mineral spirits
100%	

If the waste stream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

With respect to the F003 solvent wastes, if, before use, the waste stream is mixed and contains only F003 constituents, it is a listed waste. For example:

33%	acetone
16%	methanol
<u>51%</u>	ethyl ether
100%	

If the waste stream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste. For example:

50%	xylene (F003)
12%	TCE (F001)
<u>38%</u>	mineral spirits
100%	

If in light of the above, the handler appears to be generating F001 - F005 hazardous wastes, refer this facility to the enforcement official for followup actions verifying the use of solvents at the facility.

Inspector: Stephan Szardemings
Address: 725 COMMERCE RD.
LINDEN, N.J. 07036
Telephone No: (201) 862-3223

RCRA LAND DISPOSAL RESTRICTION
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

APEX PLATING & POLISHING CO., INC. 725 COMMERCE RD.
A. Handler Name B. Street (or other identifier)
LINDEN N.J. 07036 UNION
C. City D. State E. Zip Code F. County Name
ELECTROPLATING
G. Nature of Business; Identification of Operations: SIC Code(s)
NTD 981184591
H. EPA ID #
W. GARY BRUHMS (201) 862-3223
I. Handler Contact (Name and Phone Number)

II. GENERATOR COMPLIANCE

Comments

A. Waste Identification

1. F-Solvents

a. Does the handler generate the following wastes?

(1) ~~P001, P002, P004, or P005~~ Yes ☒ No

(11) P003 Yes ☒ No

If an P003 wastestream (listed solely for ignitability) has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic? Yes ☒ No

b. Source of the above: Form 8700-12 ; Part A ; Part B ; Biennial/Annual Reports other (specify)

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A-1. To assist in identifying potentially

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

misclassified F-solvents, Appendix A-2 presents a list of corresponding P and U wastes. Note concerns below: _____

2. Dioxin wastes

- a. Does the handler report the generation of the following wastes? (The following industries may generate listed dioxin wastes: organic chemicals, pesticide or formulator.)

(i) F020 - F023, F026 - F027 _____ Yes ☒ No
(ii) F028 _____ Yes ☒ No
[F-solvent BD&T standards are presented as Appendix B]

3. California Waste Identification

- a. Does the facility handle any of the following wastes?

(i) D002 _____ Yes ☒ No
(ii) D004 - D011 _____ Yes ☒ No

- b. Does the generator handle any hazardous wastes characterized by high concentrations of halogenated organic constituents (HOCs), metals, or cyanides? ☒ Yes ☐ No

[California waste standards are presented as Appendix C]

- c. Is the generator handling any of the F, K, P, or U wastes subject to the "soft hammer" that may qualify as California wastes due to HOC, metals, or cyanide content? See Appendix D for a listing of California constituents likely to be found by waste code. ☒ Yes ☐ No

- d. Has the generator conducted the paint filter test (Method 9095) [§268.32(i)]? ☒ Yes ☐ No*
done by KRAMER ENVIRONMENTAL

- e. Has the generator conducted any testing of these hazardous wastes to determine whether the concentrations qualify the hazardous wastes as California wastes? ☒ Yes ☐ No

If no, has the generator retained records documenting his "applied knowledge" that the hazardous waste is not a California waste?

_____ Yes ☐ No ☐

∴ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

If "no" is answered to both parts of this question, a violation is indicated. [§268.7(a)]

Describe the nature of the records:

- f. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report ☒; other (specify) MSDS, WASTE ANALYSIS

4. First Third Waste Identification

- a. Does the generator handle any of the wastes listed as First Third Wastes in §268.10? See Appendix E for listing. List First Third Wastes handled by the generator here:

FOOG NONWASTEWATER - SLUDGE FROM WASTEWATER TREATMENT OPERATION (from Electroplating operations)

- b. Does the generator handle any soft-hammer wastes (Appendices D-1, D-2, and F)? If so, list those wastes:

N/A

- c. Are any of the soft-hammered wastes California wastes (see Appendix G)? ☐ Yes ☒ No

If yes, the wastes must meet BDAT standards prior to disposal.

- d. Has the Regional Administrator received demonstrations/certifications for all soft hammered wastes to be land disposed [§268.8(a)(2)]? ☐ Yes ☒ No*

- e. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) _____.

B. BDAT Treatability Group - Treatment Standards Identification

1. Does the generator mix restricted wastes with different treatment standards for constituents of concern? ☐ Yes ☒ No

2. If yes, did the generator select the most stringent treatment standard for the constituent of concern [§268.41(b)]? ☐ Yes ☒ No*

N/A



∴ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

3. F Solvents - -

- a. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

☒ Yes ☐ No*

4. California Wastes

- a. Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [§268.32(h)]?

☐ Yes ☐ No*

N/A

5. First Third Wastes

- a. Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [§268.7(a)]?

☒ Yes ☐ No*

- b. Does the facility handle K061 wastes?

☐ Yes ☒ No

If yes, were nonwastewaters appropriately classified in either the high or low zinc subcategories ($\geq 15\%$ Zn) [§268.7(a)] [§268.41(a)]?

☐ Yes ☐ No*

- c. Does the facility handle K101 or K102 wastes?

☐ Yes ☒ No

If yes, were nonwastewaters appropriately classified in either the high or low arsenic subcategories [§268.7(a)] [§268.41(a)]?

☐ Yes ☐ No*

- d. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)?

☐ Yes ☒ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

C. Waste Analysis - -

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes

☒ Yes ☐ No

(i) List wastes for which "applied knowledge" was used:

FOOG NONWASTEWATER - SLUDGE FROM WASTEWATER TREATMENT OPERATIONS (from Electroplating operations)

b. TCLP

☐ Yes ☐ No

(i) List wastes for which "TCLP" was used:

N/A

(ii) Appendix D lists wastes for which treatment standards are expressed as concentrations in waste extract. Were any wastes handled by the generator subject to waste extract standards not tested using the TCLP?

☐ Yes ☐ No

If yes, list: _____

c. Total waste analysis

☒ Yes ☐ No

d. If files were retained, describe content and basis of applied knowledge determination:

Copies of waste analysis from Kramer and local sewer authority kept at site since 1987, and continuously updated.

If determined by TCLP or total constituent analysis, provide date of last test, frequency of testing, and attach test results.

N/A

Dates/frequency: _____

Note which wastes were subjected to which tests:

Note any problems (e.g., inadequate analysis, variation of waste composition/generation for applied knowledge)

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

- e. Were wastes tested using TCLP or total constituent analysis when a process or wastestream changed [§264.13(a)(3)(i) or §265.13(a)(3)(i)]? N/A
____ Yes ____ No*

2. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(1)]?

List those that exceeded standards: FOOG waste

List those that did not exceed standards: _____

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3]
____ Yes* ☒ No

D. Management

1. Onsite management

- a. Were restricted wastes managed onsite?
____ Yes ☒ No

If no, go to "2".

- b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted?
____ Yes ____ No

If yes, TSDP checklist must be completed.

2. Offsite Management

- a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]:

(i) EPA Hazardous Waste Number? ☒ Yes ____ No*

(ii) Corresponding treatment standard?
☒ Yes ____ No*

(iii) Manifest number? ☒ Yes ____ No*

(iv) Waste analysis, if available?
☒ Yes ____ No

Done by Hramer Environmental

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

Identify offsite treatment facilities

ATLAS ASSOCIATES Paterson, N.J.

- b. If restricted wastes do not exceed treatment standards, did generator provide the disposal facility with a notice and certification including:

N/A

- (i) EPA hazardous waste I.D. number? _____ Yes _____ No*
- (ii) Corresponding treatment standard? _____ Yes _____ No*
- (iii) Manifest number _____ Yes _____ No*
- (iii) Certification regarding waste and that it meets treatment standards? _____ Yes _____ No*

Identify land disposal facilities receiving the BDAT certified wastes

- c. If the generator's waste is subject to a §268.5 case by case exemption, a §268.6 "no migration" exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [§268.7(a)(3)]:

N/A

- (i) EPA Hazardous Waste Number? _____ Yes _____ No*
- (ii) Corresponding Treatment Standards? _____ Yes _____ No*
- (iii) All applicable prohibitions? _____ Yes _____ No*
- (iv) The manifest number? _____ Yes _____ No*
- (v) The date the wastes are subject to prohibitions? _____ Yes _____ No*
- (vi) Does generator keep records of all notifications/certifications sent to offsite facilities? _____ Yes _____ No*

∴ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

List all prohibited wastes for which records are not provided per above [§268.7(a)(b)]:

N/A

Identify TSDFs receiving any prohibited wastes subject to any exemptions and variances:

- d. If handler generates a "soft hammer" waste, does the generator send with each "soft hammer" waste shipment to a TSDF and retain copies of, a notice that includes [268.7(a)(4)]:

N/A

The EPA Hazardous Waste Number? ☐ Yes ☐ No*

Applicable prohibitions? ☐ Yes ☐ No*

The manifest number? ☐ Yes ☐ No*

Waste analysis data, where available? ☐ Yes ☐ No

- (i) Do the generator's records indicate that any soft-hammer wastes are destined for disposal in a landfill or surface impoundment [§268.33(f)]? ☐ Yes ☐ No

If yes, list facility of destination and waste of concern [§268.8(a)(2)]

- (ii) Has the generator submitted demonstrations and certifications for each "soft-hammered" waste destined to be disposed in landfill or surface impoundment to the Regional Administrator prior to the shipment of waste to the TSDF [§268.7(a)(2)]? ☐ Yes ☐ No*

- (iii) Has the generator retained a copy of the demonstration on site [§268.8(a)(3)-(a)(4)]? ☐ Yes ☐ No*

- (iv) Has the generator retained copies of all §268.8 certifications sent to the TSDF [§268.7(a)(6)]? ☐ Yes ☐ No*

• A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

(v) Did the generator submit the demonstration to the receiving facility upon the initial shipment of the waste [§268.8(a)(3)-(a)(4)]? ☐ Yes ☒ No*

(vi) If the Regional Administrator has invalidated the certification, has the generator ceased shipment of the waste and do records indicate that the generator has informed all receiving facilities of the invalidation [§268.8(b)(3)]? ☐ Yes ☒ No*

N/A



E. Storage of Prohibited Waste

1. Were prohibited wastes stored for greater than 90 days? ☐ Yes ☒ No

If yes, was facility operating as a TSD under interim status or final permit [§262.34(b)]? ☐ Yes ☒ No*

If yes, TSDF Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes? ☐ Yes ☒ No

If yes, list type of treatment unit and processes

If yes, TSDF checklist must be completed.

2/ A potential violation is indicated

RP0808: Number of records in table= 6, lines= 6

PAGE 1

GEN: APEX PLATING & POLISHING CO TSD: ATLAS ASSOCIATES
LINDEN PATERSON
NJD981184591 NJD065825341

F006
WSTWTR SLUDGE OF ELECTROPLT OPER MAN: NJA0387391
AMT: 330 6
DATE: 12/01/87

GEN: APEX PLATING & POLISHING CO TSD: ATLAS ASSOCIATES
LINDEN PATERSON
NJD981184591 NJD065825341

D006
CADMIUM MAN: NJA0407340
AMT: 2700 P
DATE: 4/19/88

GEN: APEX PLATING & POLISHING CO TSD: ATLAS ASSOCIATES
LINDEN PATERSON
NJD981184591 NJD065825341

D006
CADMIUM MAN: NJA0468808
AMT: 3000 P
DATE: 7/15/88

GEN: APEX PLATING & POLISHING CO TSD: ATLAS ASSOCIATES
LINDEN PATERSON
NJD981184591 NJD065825341

D006
CADMIUM MAN: NJA0525882
AMT: 2450 P
DATE: 9/28/88

GEN: APEX PLATING & POLISHING CO TSD: CHEMMET SERVICES INC
LINDEN WYANDOTTE
NJD981184591 MID096963194

D006
CADMIUM MAN: MI01396942
AMT: 3000 P
DATE: 12/28/88

GEN: APEX PLATING & POLISHING CO TSD: ATLAS ASSOCIATES
LINDEN PATERSON
NJD981184591 NJD065825341

F006
WSTWTR SLUDGE OF ELECTROPLT OPER MAN: NJA0470693
AMT: 3600 P
DATE: 4/19/89

>
.fin

DASD 101 DETACHED



WASTE ANALYSIS OF
WASTE (FOOD).

158 Tices Lane East Brunswick, New Jersey 08816 (201) 257-1050

Kramer Chemicals
935 Allwood Road
Clirton, NJ 07012

Sample No.: 09.9839.7

Sample I.D.: Apex Plating & Polishing

Trace Metals (E.P. Tox.)

<u>Parameter</u>	<u>Result</u>	<u>Detection Limit</u>
Arsenic	< 10.0 ppb	10.0 ppb
Barium	0.20 ppm	0.1 ppm
Cadmium	36.52 ppm -1.0	0.015 ppm
Chromium	< 0.15 ppm	0.15 ppm
Lead	< 0.14 ppm	0.14 ppm
Mercury	< 0.5 ppb	0.5 ppb
Selenium	< 5.0 ppb	5.0 ppb
Silver	0.18 ppm	0.03 ppm
Zinc	9.15 ppm	0.21 ppm
Nickel	2.07 ppm	0.15 ppm
Copper	0.38 ppm	0.04 ppm

Date Reported: 9-28-87

Attested to by: L.W. Haymon, Ph.D.

WRONG WASTE ID

State of New Jersey
Department of Environmental Protection
Division of Hazardous Waste Management
Manifest Section
CN 028, Trenton, NJ 08625

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 3055-0077

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NJ0901129581		Manifest Document No.		2. Page 1 of 1		Information on this is not required by law					
3. Generator's Name and Mailing Address APEX PLATING POLISHING 125 COMMENCE ROAD LINDEN, N.J. 07036						A. State Manifest Document Number NJA 0407340							
4. Generator's Phone ()						B. State Generator's ID							
5. Transporter 1 Company Name PERRETTI FREIGHT SERVICES						C. State Trans. ID NJ0901129581							
6. US EPA ID Number NJ000692343						D. Transporter's Phone () 201-935-4365							
7. Transporter 2 Company Name						E. State Trans. ID							
8. US EPA ID Number						F. Transporter's Phone ()							
9. Designated Facility Name and Site Address ATLAS INDUSTRIES 109 FIFTH AVENUE PATERSON, N.J. 07624						G. State Facility's ID							
10. US EPA ID Number NJ000692343						H. Facility's Phone ()							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. X HAZARDOUS WASTE SOLID - NOS RQ1 ON ME NA 9189 (2006) METAL HYDROXIDE CALCIUM CARBONATE CAUSTIC						006 DM		2700		P		D 0 0 0	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above S-T METAL HYDROXIDE 3787 CALCIUM CARBONATE						K. Handling Codes for Wastes Listed Above 5 0 1							
a.													
b.													
c.													
d.													
15. Special Handling Instructions and Additional Information 0 9957/3255													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name John Bottoe						Signature John Bottoe				Month Day Year 10-1-97			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name SAIK AZACK						Signature Frank G...				Month Day Year 10-1-97			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature				Month Day Year			
19. Discrepancy Indication Space													
Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in item 19 Printed/Typed Name						Signature				Month Day Year			

NJ0407340



State of New Jersey
Department of Environmental Protection
Division of Hazardous Waste Management
Manifest Section

CN 028, Trenton, NJ 08625

WRONG WASTE ID

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0025
Information in the manifest is not required by law.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the manifest is not required by law.
3. Generator's Name and Mailing Address APEX PLATING & FINISHING CO. INC. 2011 - 262 3703 725 COMMERCE ROAD LINDEN N.J. 07036		6. US EPA ID Number NJ098118459101248		A. State Manifest Document Number NJA 0468808	
4. Generator's Phone ()		5. Transporter 1 Company Name ATLAS ASSOCIATES INC		B. State Generator's ID JAME	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Trans. ID	
9. Designated Facility Name and Site Address ATLAS ASSOCIATES INC 109 FIFTH AVENUE PATERSON N.J. 07524		10. US EPA ID Number NJ096582534		D. Transporter's Phone ()	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM		12. Containers No. Type		13. Total Quantity	
a. X HAZARDOUS WASTE SOLID - NOS RQ1 ORME 10006-CADMIUM NA 9189 (METAL HYDROXIDE SLUDGE)		14. Unit Wt/Vol		15. Waste No.	
b.		c.		d.	
c.		e.		f.	
d.		g.		h.	
J. Additional Descriptions for Materials Listed Above S-E METAL HYDROXIDE 100% CADMIUM		K. Handling Codes for Wastes Listed Above 501		L. Facility's Phone ()	
15. Special Handling Instructions and Additional Information 7957/3285		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ROGER DUNLAP Signature R. Dunlap Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year		19. Discrepancy Indication Space EPA 304A changed to NJ098118459101248		20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature Month Day Year	



State of New Jersey
Department of Environmental Protection
Division of Hazardous Waste Management
Manifest Section
CN 028, Trenton, NJ 08625

WRONG WASTE ID

Please type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0111

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NJ10191811104591123382		Manifest Document No. 2. Page 1 of 1	
3. Generator's Name and Mailing Address APEX PLATING & POLISHING CO. INC. 725 COMMERCE ST. LINDEN, N.J. 07036		A. State Manifest Document Number NJ 0525882		B. State Generator's ID	
4. Generator's Phone ()		C. State Trans. ID		D. Transporter's Phone ()	
5. Transporter 1 Company Name ATLAS ASSOCIATES INC.		6. US EPA ID Number NJ101065825341		E. State Trans. ID	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone ()	
9. Designated Facility Name and Site Address ATLAS ASSOCIATES INC. 109 FIFTH AVE. PATERSON, N.J. 07524		10. US EPA ID Number NJ101065825341		G. State Facility's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM		12. Containers No. Type		13. Total Quantity 14. Unit Wt/Vol	
a. HAZARDOUS WASTE SOLID NOS RQ1 (ORME) (METAL HYDROXIDE SLUDGE/CADMIUM) (NA9189) (0035)		1. 1 CM		2450 P	
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above 3-E CADMIUM 1% METAL HYDROXIDE SLUDGE 99%		K. Handling Codes for Wastes Listed Above			
a.		a. S		1011	
b.		b.			
c.		c.			
d.		d.			
15. Special Handling Instructions and Additional Information (A) 7957/3285					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name: ROBERT DONNELLY Signature: [Signature] Month Day Year: 9/2/91					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: [Name] Signature: [Signature] Month Day Year: 9/2/91					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name: [Name] Signature: [Signature] Month Day Year: 9/2/91					
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19 Printed/Typed Name: [Name] Signature: [Signature]					

New Jersey Department of Environmental Protection
Division of Hazardous Waste Management
2 Babcock Place
West Orange, N.J. 07052
(201) 669-3960



1/2

NOTICE OF VIOLATION

ID NO. NJD 981184591 DATE 3-13-90
NAME OF FACILITY APEX PLATING & POLISHING CO., INC.
LOCATION OF FACILITY 725 COMMERCE RD. LINDEN, N.J. 07036
NAME OF OPERATOR W. GARY BRUNNS - PRESIDENT

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder and/or the Spill Compensation and Control Act, (N.J.S.A. 58:10-23.11 et seq.) and Regulations (N.J.A.C. 7:1E-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

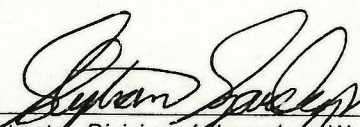
DESCRIPTION OF VIOLATION N.J.A.C. 7:26-7.4(a)4vii - FAILURE TO HAVE PROPER NAME, TYPE, AND QUANTITY OF HAZARDOUS WASTE BEING SHIPPED ON A MANIFEST.
7:26-9.4(d)4i - FAILURE TO HAVE HAZARDOUS WASTE CONTAINERS SECURELY CLOSED. 7:26-9.4(d)4v - FAILURE TO HAVE CONTAINER ARRANGED SO THAT IDENTIFICATION LABEL IS VISIBLE. 7:26-9.4(d)5 - FAILURE TO INSPECT CONTAINER STORAGE AREA DAILY. 7:26-9.4(q)6 et seq. FAILING TO MAINTAIN ADEQUATE PERSONNEL DOCUMENTS AND RECORDS. 7:26-9.7(g) - FAILURE FOR CONTINGENCY PLAN TO LIST ALL EMERGENCY EQUIPMENT ITS LOCATION, PHYSICAL DESCRIPTION, AND CAPABILITIES FOUND AT FACILITY.

Remedial action to correct these violations must be initiated immediately and be completed by

APRIL 12, 1990

Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$50,000 per violation.

NJDEP HAZARDOUS WASTE
ADVISEMENT PROGRAM
1(609)292-8341


Investigator, Division of Hazardous Waste Management
Department of Environmental Protection
STEPHAN SZARDENINGS

New Jersey Department of Environmental Protection
Division of Hazardous Waste Management
2 Babcock Place
West Orange, N.J. 07052
(201) 669-3960

Let's protect our earth



2/2

NOTICE OF VIOLATION

ID NO. NJD 981184591 DATE 3-13-90
NAME OF FACILITY APEX PLATING & POLISHING CO., INC.
LOCATION OF FACILITY 725 COMMERCE RD. LINDEN, N.J. 07036
NAME OF OPERATOR W. GARY BRUHNS - PRESIDENT

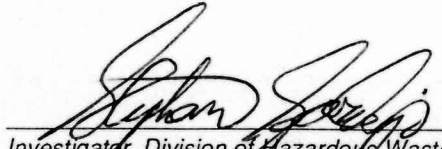
You are hereby NOTIFIED that during my inspection of your facility on the above date, the following violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder and/or the Spill Compensation and Control Act, (N.J.S.A. 58:10-23.11 et seq.) and Regulations (N.J.A.C. 7:1E-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION N.J.A.C. 7:26-9.6(e) - FAILURE TO HAVE
ADEQUATE AISLE SPACE TO ALLOW UNOBSTRUCTED MOVEMENT OF EMERGENCY
PERSONNEL & EQUIPMENT. 7:26-9.6(f)4 - FAILURE TO NOTIFY HOSPITALS
WITH PROPERTIES OF HAZARDOUS WASTE HANDLED ON SITE. 7:26-9.4(g)8 et seq.
FAILURE TO CONDUCT SEMI-ANNUAL DRILLS. 7:26-9.7(e) -
FAILURE FOR CONTINGENCY PLAN TO DESCRIBE ARRANGEMENTS WITH EMERGENCY
CONTRACTOR. 7:26-9.7(i)2 - FAILURE TO SUBMIT CONTINGENCY PLAN
TO THE LOCAL AUTHORITIES.

Remedial action to correct these violations must be initiated immediately and be completed by

APRIL 12, 1990. Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$50,000 per violation.

NJDEP HAZARDOUS WASTE
ADVISEMENT PROGRAM
1 (609) 292-8341


Investigator, Division of Hazardous Waste Management
Department of Environmental Protection
STEPHAN SZARDENINGS

MEMO

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION

TO: Mr. Joseph J. Stirling (JHS) DATE: 4/16/90

FROM: Stephen Spadoniga

SUBJECT: Apex Plating and Polishing Co., Inc.

On 4/16/90 I conducted a compliance inspection at the Apex Plating and Polishing Co. Inc. in Linden, N.J.,

Apex was found to have obtained proper compliance with the violations cited against them on 3/13/90.

I feel that further enforcement action is necessary of Apex.

725 COMMERCE ROAD
LINDEN, N.J. 07036
P.O. BOX 525
201-862-3223



FOR METAL FINISHING AT ITS BEST

Per.	Rev.	Pure	Silver	Plating	•	Industrial	Finishing	of	Rhodium	•	Gold	•	Silver	•	Nickel	•	Dull & Bright	•	Cadmium	•
Copper	•	Zinc	•	Tin	•	Chromium	•	Electroless	Nickel	•	Iridizing	•	Anodizing	•	TY-2	•	Polishing			

N.J. DEP
Division of Hazardous Waste Management
2 Babcock Place
West Orange, N.J. 07052

MAR 28 1990

Att: Mr. Stephan Szardenings

Dear Mr. Szardenings:


In regard to your inspection of our facility on March 13, 1990 measures have been taken to attain compliance.

1. N.J.A.C. 7:26-7.4(a)4vii - A copy of the land ban notice that was missing from our files has been obtained from Kramer Enviromental (copy enclosed). Letters have been issued changing the error on the manifest indicating D006 to correctly indicate F006.
2. 7:26-9.4(d)4i Covered containers that are not being immediatly filled are now secured by a locking ring.
3. 7:26-9.4(d)4v Containers have been rotated so that I.D. labels face out.
4. 7:26-9.4(d)5 A daily log indicating number of drums, security of drums, and condition of drums has been instituted. In addition any remedial action necessary if the above has a fault is noted.
5. 7:26-9.4(g)6 et. seg. The Contingency Plan is being revised to reflect the necessary functions and education of the persons named as Emergency Coordinators. A copy will be entered into that persons personnel record.
6. 7:26-9.7(g) The existing list of Emergency Equipment is being revised and expanded to coordinate it with the plant map.

7. N.J.A.C. 7:26-9.6(e) Aisle space around drums has been expanded and floor space for drums has been marked with tape.
8. 7:26-9.6(f)4 Have held a discussion with Ms. Diane McKean of the Emergency Dept. Of Elizabeth General Hospital regarding any special requirements they may have. A copy of the revised Contingency Plan is being submitted to her.
9. 7:26-9.4(g)8 et. seq. Semi-Annual drills are now part of our Emergency Management Plan. The Linden Fire and Police Department will not participate per the letters enclosed.
10. 7:26-9.7(e) An Emergency Contractor's phone number and contact have been included in the revised Contingency Plan.
11. 7:26-9.7(i)2 Revised Contingency Plan is being submitted to all required authorities. Please see letter from Linden Police Department regarding having plan on file.

If you have any questions regarding the corrections of violations described above please contact me. When I receive receipts of the mailings of the Contingency Plans, and any addition information you may require, I will forward it to your office.

Very Truly Yours,



W. Gary Bruhns, President

Land Ban notice 12/87

Re: Notification of Shipment of Restricted Hazardous
Waste - As Required Under 40 CFR 268.7

Generator: APEX PLATING AND POLISHING CO., INC.
Address: 725 COMMERCE ROAD
P.O. BOX 525
LINDEN, NEW JERSEY 07035

1. Manifest # NSA 0387391

2. EPA Hazardous Waste # F 006

3. This waste contains solvents listed in Table CCWB -
40 CFR 268.41. These must be treated to Table CCWB
listed standards prior to land disposal.

4.

12/1/87
Date

W. Henry B.
Authorized Representative



PAUL WERKMEISTER
MAYOR

City of Linden

Union County, New Jersey

DEPARTMENT OF POLICE
CITY HALL - 301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036

474-8500



JOHN E. MILIANO
CHIEF OF POLICE

March 14, 1990

Mr. Gary Bruhns
725 Commerce Road
Linden, New Jersey 07036

Dear Mr. Bruhns:

Enclosed is a copy of the Emergency Response Reference Guide for Apex Plating which the Linden Police Department has been in possession of since the fall of 1987.

Be advised that the Linden Office of Emergency Management also has this same plan.

I request a copy be forwarded to me if your contingency plan is updated.

Thank you.

Richard J. Gerbounka
Captain of Police

RJG/kh

City of Linden

Union County, New Jersey

FIRE PREVENTION BUREAU
1205 E. ELIZABETH AVENUE
LINDEN, NEW JERSEY 07036
(201) 298-3801



JOSEPH J. CAMASTA, SR.
FIRE CHIEF

THOMAS CAVERLY
DEPUTY CHIEF
FIRE OFFICIAL

March 23, 1990

W. Gary Bruhns, President
Apex Plating & Polishing Company, Inc.
725 Commerce Road
Post Office Box No. 525
Linden, New Jersey 07036

Dear Mr. Bruhns:

Please be advised that the Linden Fire Department cannot participate in your fire drills due to manpower and time constraints. However, we recommend that you conduct in-house fire drills. As part of your fire drill procedure we recommend that you familiarize all employees with all exits and planned escape routes. It is also important to emphasize that a building must be exited as quickly as possible; this means they should not stop for personal belongings, etc. A fire drill is meant to simulate escape during an actual emergency. Under emergency fire conditions, seconds count - this must be emphasized.

If you have any other questions on the above, please feel free to contact this office. Thank you for your interest.

Sincerely yours,

FIRE PREVENTION BUREAU

Thomas Caverly,
Deputy Chief
Fire Official

kc



PAUL WERKMEISTER
MAYOR

City of Linden

Union County, New Jersey

DEPARTMENT OF POLICE
CITY HALL - 301 N. WOOD AVENUE
LINDEN, NEW JERSEY 07036
474-8500



JOHN E. MILIANO
CHIEF OF POLICE

March 15, 1990

Gary Bruhns
Apex Plating
725 Commerce Road
Linden, New Jersey

Dear Mr. Bruhns:

This letter is to inform you that due to manpower constraints, the Linden Police Department will not compete in any hazardous material fire drills conducted by your company.

If I can be of any further assistance to you, do not hesitate to call on me.

Very truly yours,

RICHARD J. GERBOUNKA
Detective Captain

RJG/gg

CALL 201-862-3223 FOR METAL FINISHING AT ITS BEST

INDUSTRIAL
FINISHING OF

RHODIUM
GOLD
SILVER
NICKEL
CADMIUM
COPPER
ZINC
TIN
CHROMIUM
ELECTROLESS NICKEL
PER. REV. PURE SILVER



725 Commerce Road
P. O. Box 525
Linden, N. J. 07036

ANODIZING
CLEAR AND COLOR COAT
CAUSTIC DIPPING
BRIGHT DIPPING
PLATING ON ALUMINUM
& STAINLESS STEEL

IRIDITING
ALODINE
POLISHING
PASSIVATING

April 16, 1990

NJDEP
Division of Hazardous Waste Management
2 Babcock Place
West Orange, N.J. 07052

Att: Mr. Stephan Szardening

Dear Mr. Szardening:

I have enclosed copies of the final items pertinent to the inspection of our facility on March 13, 1990.

The first item is a copy of the receipt for certified mail as proof of delivery for the revised Contingency Plan. The second item is a copy of a letter from the TSD manager to Ms. Penny Dick DEP, Manifest Section making the corrections necessary. All those pertinent to the corrections have received them.

To my knowledge, this completes the information you required, however, if any additional information is required please contact me.

Very truly yours,

W. Gary Bruhns, President

grl/WGB

POSTAGE WILL BE PAID BY ADDRESSEE. PROVIDE YOU THE NAME OF THE PERSON DELIVERED TO, the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

4. Article Number #146502091	
Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
8. Addressee's Address (ONLY if requested and fee paid)	
3. Article Addressed to: Police Dept, Linden 301 N. Wood Ave Linden, N.J. 07036	
5. Signature - Addressee Capt. R. Geybawka	
6. Signature - Agent [Signature]	
7. Date of Delivery APR 9 1990	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Elizabeth Gen. Hospital 925 E. Jersey St Elizabeth, N.J. 07201	
4. Article Number #122534808	
Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	
<input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
8. Addressee's Address (ONLY if requested and fee paid)	
5. Signature - Addressee X	
6. Signature - Agent [Signature]	
7. Date of Delivery 4/9/90	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815



SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Fire Prev. Bureau 1205 E. Elizabeth Ave Linden, N.J. 07036	
4. Article Number #122534807	
Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	
<input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
8. Addressee's Address (ONLY if requested and fee paid)	
5. Signature - Addressee X	
6. Signature - Agent [Signature]	
7. Date of Delivery 4/9/90	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN REC.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Linden Office of Emer. Mngt. 301 N. Wood Ave Linden, N.J. 07036	
4. Article Number #122534809	
Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	
<input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .	
8. Addressee's Address (ONLY if requested and fee paid)	
5. Signature - Addressee X	
6. Signature - Agent X	
7. Date of Delivery APR 9 1990	

PS Form 3811, Apr. 1989

U.S.G.P.O. 1989-238-815

DOMESTIC RETURN REC.

**Kramer
Chemicals Inc.**
P.O. Box 1299
Allwood Station
Clifton, N.J. 07012

NEW JERSEY: 201-471-2500
609 AREA CODE ONLY - 800-522-4131
N.Y., P.A., CT., MD., DE. - 800-631-8316

April 2, 1990

State of New Jersey
Department of Environmental Protection
Division of Hazardous Waste Management
Manifest Section
CN 028
Trenton, New Jersey 08625

Attn: Penny Dick

Re: NJA 0407340 4-19-88
NJA 0468808 7-15-88
NJA 0525882 9-28-88

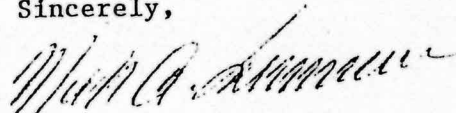
Dear Penny,

During an inspection at the generators facility, an inspector noticed waste classified as a D006, on the above listed manifests, which should more correctly have been referenced as F006.

Please make the corrections on your copies of the manifests and file a copy of this letter with each.

Any questions regarding this change, please feel free to call.

Sincerely,


Mark A. Iannoccone
TSDF Manager

cc: W. Gary Bruhns (Apex Plating & Polishing, Generator)✓
Thomas Schneider (Atlas Associates, Inc., Transporter NJA 0468808 & 0525882)
Richard Wright (Perretti Freight Services NJA 0407340)

MI/cr

CONTINGENCY PLAN

1. FACILITY DESCRIPTION

Location

Name: Apex Plating & Polishging Co., Inc.

Address: 725 Commerce Road

City: Linden, N.J. 07036

2. GENERAL

This plan describes the actions the facility personnel must take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water at the facility.

All personnel should be familiar with the procedures and equipment described in this contingency plan. In the event of fire, explosion or any unplanned release of hazardous wastes or hazardous constituents into the air, soil or surface water at the facility, facility personnel should immediately notify the following emergency coordinators:

3. INDIVIDUALS QUALIFIED AS EMERGENCY COORDINATORS:

<u>Name and Address</u>	<u>Responsibility</u>	<u>Telephone Numbers</u>
Gary Bruhns Box 45A Rt. 629 Lebanon, NJ 08833	Primary Emergency Coordinator	862-3223 plant 236-6840 home
Robert Moore 4 Renda Place Greenbrook, NJ 08812	Alternate	862-3223 plant 968-6195 home
Robert Donnelly	Alternate	862-3223 plant 236-2049 home

If none of these people are available, facility personnel should, where necessary, activate the alarm, evacuate the premises and notify the listed authorities.

4. ARRANGEMENTS AGREED TO BY LOCAL AND STATE FIRE, POLICE, HOSPITAL AND RESPONSE OFFICIALS TO COORDINATE EMERGENCY SERVICES:

Approved contingency plan on file in company office posted in MSDS file, and filed with the local Police and Fire Departments.

5. AGENCIES TO BE NOTIFIED

Police	474-8500
Fire/Emergency	486-3500
Rescue Squad	474-8500

Local Regulatory Agency:	Linden-Roselle Sewerage Authority	862-7100
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State Police Emergency Management:	1-609-882-2000
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NJDEP	1-609-292-7172
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National Response Center	1-800-424-8802
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Emergency Contractor American Industrial Marine Services Mr. Harry Whelen	756-4200
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Elizabeth General Hospital Emergency Department	558-8050
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6. EMERGENCY EQUIPMENT

<u>Physical Description</u>	<u>Location</u>	<u>Capabilities</u>
Fire Extinguishers	located throughout plant see map for specific locations	ABC and CO ² type for all types of fires
Industrial Absorbent	located in silver and zinc depts. and in hazardous waste storage area.	Absorbing and containing spill.
Water Hoses	located throughout plant.	supplying water for fire or washing material into sump supplying waste treatment tank.
Shovel	hazardous waste storage area.	cleaning up non-liquid spill.
Telephones, P.A Systems	throughout plant	Allerting personnel

QUALIFICATIONS OF EMERGENCY RESPONSE COORDINATORS

1. Gary Bruhns - Primary Coordinator - CEO Apex Plating
Responsible for overall co-ordination of Emergency Management functions - B.S. Industrial Engineering, Twenty five years experience in operation of an Electroplating facility in functions ranging from operator to C.E.O. Laboratory experienced in the chemistries involved in the industry.
2. Robert Moore - Co-ordinator - V.P. Production 45 years experience in the Electroplating Industry with responsibilities ranging from tank man to Plant V.P. Has extensive knowledge of the chemistry involved in plating, and the hazards associated with the handling of the various chemicals. Has participated in the creation of the contingency plan for the company.
3. Robert Donnelly - Co-ordinator - Plant Foreman - B.S. Chemistry - 5 year experience as a lab chemist Witco Chemical Co. 8 years as a Technical Representative for a Waste Treatment Equipment Manufacturer, 5 years of in-plant experience in which functions have included Plant Safety, Waste Treatment, and Production.

7. EVACUATION PLAN

Signal used to begin evacuation: Verbal using P.A. system

Evacuation Route: Nearest Exit

Alternate Evacuation Route: Nearest exit not in danger area.

8. RESPONSIBILITIES OF EMERGENCY COORDINATORS

- A. Activate alarm system or other internal notification device to initiate evacuation.
- B. Notify local authorities: police, fire department, etc., as listed in part 5 of the Contingency Plan.
- C. Identify the type, source, amount and degree of release of any hazardous materials due to the emergency. This includes materials which become a waste as a result of the incident, as by being spilled discharged from a ruptured tank, etc. If time permits take samples of the materials for purpose of analysis.
- D. Assess the potential hazards to human health or the environment. The assessment must include direct and indirect effects from fires, explosions and spills (e.g., toxic, irritating and asphyxiating gases, surface water run-off, etc.).
- E. If the emergency could cause a threat to human health or the environment outside the facility:
 - 1. Notify the local authorities that evacuation of local areas environment outside the facility:
 - 2. Notify the government official in your area responsible for emergency coordination. If unknown, you must call the National Response Center at (800) 424-8802 and report you name and phone number, name and address of your facility, time and type of incident, name and quantity of materials involved, the extent of any injuries and possible hazards to health or environment (if known).

- F. During any emergency, the coordinator must take all reasonable steps necessary to assure that any other fires, explosions or releases of hazardous substances do not occur or spread. These steps may include: halting production, removing or isolating all hazardous waste containers, and cleaning up any spills.
- G. The emergency coordinator is obligated to monitor for all other possible problems (e.g., pressure buildup, leaks, etc.) caused by the emergency.
- H. Immediately following any emergency, you must provide for complete cleanup measures as necessary, including any treatment, storage, or disposal of recovered waste may be treated, stored or disposed of until cleanup is complete. All emergency equipment must be cleaned up.
- I. Reporting Requirements:
1. Following cleanup and before resuming production the company must notify the EPA Regional Administrator and local authorities that the facility is completely cleaned up in accordance with its "contingency plan" and ready to resume operations.
 2. Within fifteen (15) days, the company must report details of the incident in writing to the EPA Regional Administrator. The report must include the name, address and telephone number of the party reporting; name, address and telephone number of the facility; date, time and type of incident; name and quantity of hazardous material involved; any actual or potential hazards to health or the environment resulting from the incident; and the estimated quantity and disposition of any materials recovered after the incident.
9. All plant personnel are to be instructed annually as to the provisions of this plan. New employees are to be instructed as to the plan as soon as possible after employment.
10. COPIES OF CONTINGENCY PLAN
- Copies of this contingency plan shall be maintained at this facility and shall be sent to local and state officials that may be called upon to provide emergency services.

ADDENDUM

Additional Step-by-Step Procedures for Response to Specific Emergency Situations.

A. FIRE

1. Call for evacuation.
2. Call th Fire Department.
3. Notify emergency coordinator.
4. Attempt to fight the fire, if possible, pending arrival of the Fire Department.
5. Attend to injured employees, if applicable. Call hospital as required if injuries or illness is involved.
6. Evaluate damage.
7. Institute part 8 of Contingency Plan, as necessary.

B. GROUNDWATER CONTAMINATION/SPILL

1. Notify Emergency Response Center (800-424-8802) and all regulatory agencies:

Local Regulatory - Linden/Roselle Agency	862-7100
Sewerage Authority	
State Police Emergency Management:	1-609-882-2000
NJDEP	1-609-292-7172
National Response Center:	1-800-424-8802
Emergency Contractor	
American Industrial Marine Services	756-4200
Mr. Harry Whelen	

2. Attempt to transfer as much spill as possible to approved DOT containers. Use emergency equipment as listed in part 6 of Contingency Plan.
3. Sample/analyze degree of ground contamination.
4. Remove/replace contaminated soil (licensed disposal).
5. Institute part 8 of Contingency Plan, as necessary.

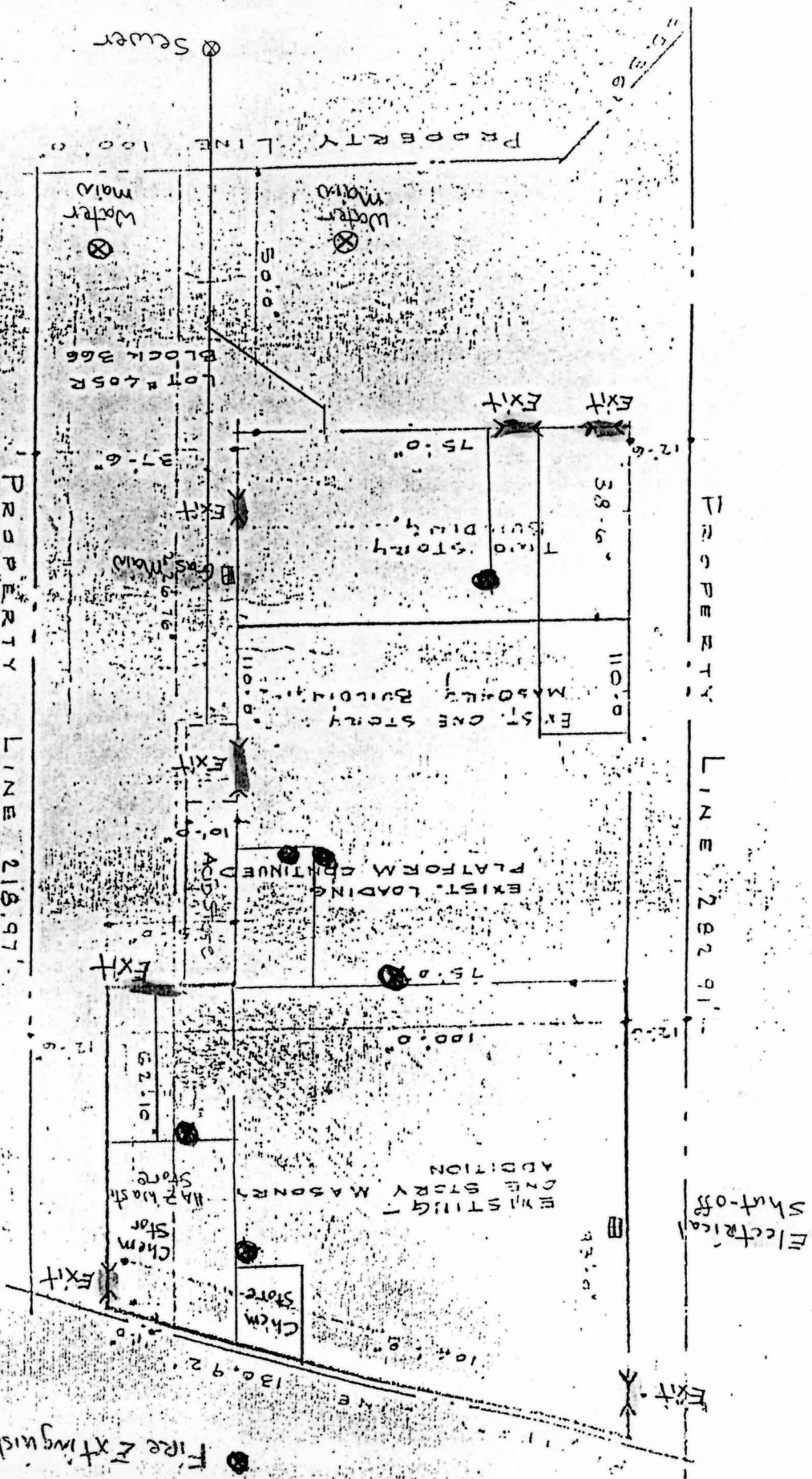
List of Extremely Hazardous Substances per SARA Title III

<u>Material</u>	<u>Quantity</u>	<u>Container</u>
1. Cadmium Oxide	less than 100 lbs.	steel drum
2. Potassium Cyanide(solid)	400 lbs. max.	steel drum
3. Potassium Cyanide(liq.)	10-20% 5000 gal.	steel tanks
4. Sodium Cyanide(solid)	400 lbs. max.	steel drum
5. Sodium Cyanide(liq.)	10-20% 5000 gal.	steel tanks

Hazardous Chemical ListCAS#

Acetic Acid	64-19-7
Ammonium Hydroxide	1336-21-6
Ammonium Chloride	12/25-02-9
Ammonium Persulfate	7727-54-0
Ammonium Thiosulfate	7783-18-8
Cadmium	7440-43-9
Caustic Potash(Potassium Hydroxide)	1310-58-3
Caustic Soda(Sodium Hydroxide)	1310-73-2
Cadmium Oxide	
Chromic Acid	13530-68-2
Chromium	7440-47-3
Copper	7440-50-8
Copper Cyanide	39377-49-6
Fluoboric Acid	16872-11-0
Hydrogen Chloride	7647-01-0
Hydrogen Peroxide	7722-84-1
Iodine	7553-56-2
Nickel	7440-02-0
Nickel Chloride	37211-05-5
Nickel Sulfate	7786-81-4
Nitric Acid	7697-37-2
Phosphoric Acid	7664-38-2
Potassium Cyanide	151-50-8
Silver	7440-22-4
Silver Cyanide	506-64-9
Sodium Cyanide	143-33-9
Sodium Di Chromate	10588-01-9
Sulfuric Acid	7664-93-9
Zinc	7440-66-6
Zinc Cyanide	557-21-1

Water sources are located throughout plant





P.O. BOX 4048, DUNELLEN, NEW JERSEY 08012

April 3, 1990

Apex Plating Polishing
725 Commerce Road
Linden, NJ 07036
Att: Gary Bruhns

Dear Mr. Bruhns,

American Industrial Marine Services would like to act as your emergency spill response contractor. We currently have four offices which can serve your needs. The offices are located in Plainfield, New Jersey, Albany, New York, Allentown, Pennsylvania, and Baltimore, Maryland. All locations are staffed with trained spill response personnel.

I have enclosed our brochure which outlines our services and our current price list. The brochure packet contains our emergency phone number which is a 24 hour number.

I want to thank you for considering our company to act as your spill contractor. If you have any questions regarding the above, please do not hesitate to contact me.

Yours truly,

AMERICAN INDUSTRIAL
MARINE SERVICES, INC.

Harry Whalen
Harry Whalen
Vice President

HW/rs

ENCLOSURES